

COUNTY OF WILSON

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING

VS-112 REV 1/2006

STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. LEGAL NAME OF DECEASED (Include AKAs, if any) (First, Middle, Last)								2. DATE OF DEATH - ACTUAL OR PRESUMED			
RICHARD MARTINEZ BENAVIDES								08/14/2011			
3. SEX		4. DATE OF BIRTH		5. AGE - Last Birthday (Years)		6. UNDER 1 YR. MO. DAYS		7. IF UNDER 1 DAY, HOURS MIN.		8. BIRTHPLACE (City & State or Foreign Country)	
MALE		[REDACTED]		53		MO. DAYS		HOURS MIN.		SAN ANTONIO, TX	
9. SOCIAL SECURITY NUMBER				10. MARITAL STATUS AT TIME OF DEATH				11. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)			
461-13-5483				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
12a. RESIDENCE STREET ADDRESS								12b. APT. NO.		12c. CITY OR TOWN	
[REDACTED]										LA VERNIA	
13a. COUNTY				13b. STATE				13c. ZIP CODE		13d. INSIDE CITY LIMITS?	
WILSON				TEXAS				78121		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. FATHER'S NAME						15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
RUDY BENAVIDES						HOPE MARTINEZ					
16. PLACE OF DEATH (CHECK ONLY ONE)											
<input type="checkbox"/> If DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
17. CITY/TOWN, ZIP CODE				18. FACILITY NAME (If not institution, give street address)							
WILSON, LA VERNIA, 78121				443 ROSEWOOD DR.							
19. INFORMANT'S NAME & RELATIONSHIP TO DECEASED								20. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
ELAINE REYNA FARIAS - COUSIN								LA VERNIA, TX 78121			
21. METHOD OF DISPOSITION								22. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)								JAMES P. PENA, BY ELECTRONIC SIGNATURE - 113301			
23. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)								24. LOCATION (City/Town, and State)			
MISSION PARK SOUTH CREMATORY								SAN ANTONIO, TX			
25. NAME OF FUNERAL FACILITY								26. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
PALM HEIGHTS MORTUARY								3711 SOUTH ZARZAMORA, SAN ANTONIO, TX 78225			
27. CERTIFIER (Check only one)											
<input checked="" type="checkbox"/> Certifying physician to be best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.											
28. SIGNATURE OF CERTIFIER								29. DATE CERTIFIED (Mo/Day/Yr)		30. LICENSE NUMBER	
JUSTO CISNEROS, BY ELECTRONIC SIGNATURE								8/16/2011		G1285	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)								32. TIME OF DEATH (Actual or presumed)			
JUSTO CISNEROS, 5835 CALLAGHAN RD., STE 400, SAN ANTONIO, TX, 78228								12:55 PM			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE OR EACH LINE.								34. APPROXIMATE INTERVAL ONSET TO DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)								APPROX 2 MONTHS			
a. LIVER CANCER								Due to (or as a consequence of)			
b. [REDACTED]								Due to (or as a consequence of)			
c. [REDACTED]								Due to (or as a consequence of)			
d. [REDACTED]								Due to (or as a consequence of)			
35. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1											
LIVER CIRRHOSIS											
36. MANNER OF DEATH				37. DID TOBACCO USE CONTRIBUTE TO DEATH?				38. IF FEMALE			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year			
39. IF TRANSPORTATION INJURY, SPECIFY:											
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
40a. DATE OF INJURY (Mo/Day/Yr)				40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)			
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
41. LOCATION (Street and Number, City, State, Zip Code)								42. COUNTY OF INJURY			
43. DESCRIBE HOW INJURY OCCURRED											
44a. REGISTRAR FILE NO.				44b. DATE RECEIVED BY LOCAL REGISTRAR				44c. REGISTRAR			
01-174-2011				August 23, 2011				Eva S. Martinez			
								Eva S. Martinez County Clerk			

EIR 00001034970

DTP NO 1

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ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE

DATE ISSUED: August 23, 2011

Eva S. Martinez
EVA S. MARTINEZ, COUNTY CLERK/REGISTRAR
WILSON COUNTY, TEXAS



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